

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000066312

Entity Name: NEXCENTRI, INC.

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

P. O. BOX 4406  
TAMPA, FL 33677

**New Principal Place of Business:**

2655 ULMERTON RD  
SUITE 330  
CLEARWATER, FL 33762

**Current Mailing Address:**

P. O. BOX 4406  
TAMPA, FL 33677

**New Mailing Address:**

2655 ULMERTON RD  
SUITE 330  
CLEARWATER, FL 33762

FEI Number: 55-0836938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOX, GREGORY A  
28050 U.S. 19 NORTH  
SUITE 100  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: HOLLOWAY, JASON C  
Address: 2655 ULMERTON RD. SUITE 330  
City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON HOLLOWAY

P/D

03/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date